

TRUST ACCOUNT AND CORPORATION/PARTNERSHIP/LLC REPORT

Mail, **do not fax**, the completed form to the KREC, Three Townsite Plaza, Ste 200, 120 SE 6th Ave., Topeka, KS 66603-3511.

Part I Consent to Audit Trust Account (please print or type)

Part I is to be completed if you are maintaining a trust account in Kansas or if you wish approval to maintain an account in an **adjoining** state. Each form submitted replaces all others currently on file. A separate Part I must be completed for each account maintained.

BROKER'S NAME: _____

COMPANY NAME: _____

COMPANY NUMBER: _____ BROKER'S LICENSE NUMBER: _____

COMPANY ADDRESS: _____
Street City State ZipCode

Check box, if applicable, and complete Part III if your company is a: ☐ Corporation ☐ Partnership ☐ Limited Liability Co.

In compliance with K.S.A. 58-3061, I do hereby register with the Kansas Real Estate Commission the trust account listed below (copy this page to report additional accounts):

Account No.: _____

Exact name of account (to include the words "Trust Account"):

Bank, savings and loan association or credit union:

Name: _____

Street/City/State/Zip Code: _____

☐ Check box to request approval to maintain an account in an adjoining state.

I hereby authorize the aforementioned bank, savings and loan association or credit union to allow any representative of the Kansas Real Estate Commission to examine the aforementioned account at any time and to obtain copies of any records or information therefrom.

Date

Signature of Broker

STATE OF _____)
_____) ss

COUNTY OF _____)

Subscribed and sworn to before me on this _____ day of _____ of 20_____.

My appointment expires: _____

Notary Public

TO BE COMPLETED BY THE KANSAS REAL ESTATE COMMISSION

Request for Approval to Maintain an Account in an Adjoining State

Approved ☐ Not Approved ☐

Date

Kansas Real Estate Commission

PART II
Request for Approval to Not Maintain a Trust Account
(please print or type)

Pursuant to K.S.A. 58-3061, I hereby request approval to not maintain a trust account because my real estate activities do not necessitate the holding of trust funds for the following reason(s):

- ☐ Contracts will designate an escrow agent other than a real estate broker. I understand the requirements of K.S.A. 58-3061(f) and amendments thereto.
- ☐ Other (please specify): _____

If this request is not approved by the Kansas Real Estate Commission, within 10 days of such notification by the Commission, I will open a trust account and file Part I of this form with the Commission. If this request is approved and I subsequently receive trust funds, I will promptly open a trust account for the deposit of such funds and file a Consent to Audit Trust Account form with the Commission within 10 days.

Date Signature of Broker

BROKER'S NAME: _____

COMPANY NAME: _____

COMPANY NUMBER: _____ BROKER'S LICENSE NUMBER: _____

COMPANY ADDRESS: _____
Street City State Zip code

Check box, if applicable, and complete Part III if your company is a: ☐ Corporation ☐ Partnership ☐ Limited Liability Co.

TO BE COMPLETED BY THE KANSAS REAL ESTATE COMMISSION

Request for Approval to Not Maintain a Trust account

Approved ☐ Not Approved ☐ _____
Date Kansas Real Estate Commission

PART III
Corporation, Partnership or Limited Liability Company Report

Name of ☐ Corporation, ☐ Partnership or ☐ LLC _____

In the area provided below, give a complete list of all (1) officers of the corporation or (2) members of the partnership or LLC, the office held by each or designate as partner or member, and their Kansas license #, if licensed. If the officer/member is not licensed in Kansas, check "Unlicensed." If additional space is needed, attach a typed list with the information requested.

NAME OF EACH OFFICER-PARTNER-MEMBER	OFFICE HELD-PARTNER-MEMBER	KS LICENSE #	UNLICENSED

Date Signature of Broker

REPORT ON CLOSING TRUST ACCOUNT

KANSAS REAL ESTATE COMMISSION
THREE TOWNSITE PLAZA STE 200
120 SE 6TH AVE
TOPEKA KS 66603-3511
(785) 296-3411

If a brokerage company is closed and a trust account has been maintained, this form must be completed by the supervising broker and returned with the request for license change. This form may also be used at any other time to notify the commission that a trust account has been closed [ref. K.A.R. 86-3-15]. If more than one account has been closed, attach a statement for each account.

I am hereby notifying the commission of the closing of the trust account identified below for the following reason (please check appropriate box):

- ☐ Transfer of supervising broker's license from present company to another company or to inactive (no succeeding supervising broker).
- ☐ Change in present company name.
- ☐ Other (list reason)_____

NAME OF TRUST ACCOUNT:_____

ACCOUNT #:_____

FINANCIAL INSTITUTION:_____

Please check applicable statement(s):

- ☐ Broker's funds of \$_____ withdrawn from the account.
- ☐ All trust funds in the account were disbursed by (1) closing of transaction(s); (2) obtaining written agreement(s) of all parties to transfer the funds to another escrow account; or (3) court order(s).
- ☐ No trust funds in account since _____.
- ☐ Nonresident account, no **KANSAS** funds in the account.

Date

Signature of Supervising Broker

Company Number

Company Name (please print)

NOTE: If there are trust funds in the account which you are unable to disburse as set forth above, contact the commission office at (785) 296-3411. If the funds have been in the account for five or more years, they may qualify for disbursement to the real estate recovery fund [ref. 58-3061(i)]. You may mail to the commission office copies of contracts and any other documentation that reflects the date that such funds were deposited, along with any information pertaining to efforts to disburse the funds. After review of the documentation, we will notify you whether or not the money can be disbursed to the recovery fund.